



Date: \_\_\_\_\_

Return To: City of Santa Barbara  
City Clerk's Office  
PO Box 1990  
Santa Barbara, CA 93102

*For Office Use Only*

Precinct No: \_\_\_\_\_

Resident Pct.: \_\_\_\_\_

- ☐ **Yes**, I would like to participate as a Precinct Worker for the November 6, 2007 City of Santa Barbara General Municipal Election.
- ☐ No, I am unable to participate as a Precinct Worker for this Election
- ☐ No, I am no longer interested in being a Precinct Worker. Please remove my name from the list.

***Please Print.***

Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cellular Phone No. \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a registered voter within Santa Barbara City limits? ☐ Yes ☐ No

If not, are you a registered voter within the Santa Barbara County limits? ☐ Yes ☐ No

Have you worked as a Precinct Worker previously? ☐ Yes ☐ No

If yes, when and at which polling place? \_\_\_\_\_

Have you been an Inspector in previous elections? ☐ Yes ☐ No

If yes, when and at which polling place? \_\_\_\_\_

If there is a need, are you willing to work at any polling location? ☐ Yes ☐ No

If no, at which polling place are you willing to work? \_\_\_\_\_

Foreign languages spoken: \_\_\_\_\_

Are you related to or friends with any candidates listed on the ballot? ☐ Yes ☐ No

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE – Thank you!**